

SP03-098 **Total Pages** Attorney Docket No. UTILITY First Named Inventor or Application Identifier: Roger A. Allaire PATENT APPLICATION Title: PRESSURE FEED GRINDING OF AMLCD SUBSTRATE EDGES TRANSMITTAL Express Mail Label No. EV327188197US (Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)) CERTIFICATE OF EXPRESS MAIL UNDER 37 CFR 1.10: Mail Stop Patent Application I hereby certify that this paper or fee is being deposited with the United ADDRESS TO: Commissioner of Patents States Postal Service "Express Mail Post Office to Addressee" service P.O. Box 1450 under 37 CFR 1.10 on the date indicated below and is Addressed to Mail Alexandria, VA 22313-1450 Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 29, 2003 (Date) Signature "EXPRESS MAIL" Mailing Label No. EV327188197US * Fee Transmittal Form 5. Microfiche Computer Program (Appendix) 1. (Submit an original and a duplicate for fee processing) Specification 2. [Total Pages 6. Nucleotide and/or Amino Acid Sequence Submission 16 (preferred arrangement set forth below) (if applicable, all necessary) - Descriptive title of the Invention Computer Readable Copy - Cross References to Related Applications - Statement Regarding Fed sponsored R&D Paper Copy (identical to computer copy) - Reference to Microfiche Appendix - Background of the Invention Statement verifying identity of above copies - Brief Summary of the Invention **ACCOMPANYING APPLICATION PARTS** - Brief Description of the Drawings (if filed) Assignment Papers (cover sheet & document(s)) - Detailed Description - Claim(s) 8. 37 C.F.R. § 3.73(b) Statement Power of Attorney - Abstract of the Disclosure (when there is an assignee) 3. Drawing(s) (35 U.S.C. § 113) [Total Sheets 9. English Translation Document (if applicable) Copies of IDS 4. 10. Oath or Declaration [Total Pages Information Disclosure Statement (IDS)/PTO-1449 Citations Executed (original or copy) 11. Preliminary Amendment Copy from a prior application (37 C.F.R. § 1.63(d)) 12. Return Receipt Postcard (MPEP 503) (for continuation/divisional with Box 16 completed) (should be specifically itemized) **DELETION OF INVENTOR(S)** 14. Certified Copy of Other: Signed statement attached deleting inventor(s) named in the prior Priority Document(s) application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). (if foreign priority is claimed) If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: Continuation Divisional. Continuation-in-part (CIP) of prior application No Prior application information: Examiner: Group / Art Unit: For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 17. CORRESPONDENCE ADDRESS Customer Number or Bar Code Label 22928 Correspondence address below NAME **ADDRESS** Corning Incorporated, SP-TI-3-1 CITY STATE NY ZIP CODE 14831 Corning COUNTRY USA **TELEPHONE** 607-974-3921 (607) 974-3848 Name (Print/Type) Thomas R. Beall Registration No. (Attorney/Agent) 40.424

Date

July 29, 2003

Signature

FEE TRANSMITTAL for FY 2003

Complete if Known To Be Assigned **Application Number** Filing Date Herewith Roger A. Allaire, et al. First Named Inventor **Examiner Name** To Be Assigned Group / Art Unit To Be Assigned Attorney Docket Number SP03-098

				Gro	up / Art	Unit		To Be Assigned		
OTAL AN	OUNT OF	PAYMENT	(\$)786.00	Atto	rney Do	ocket N	lumber	SP03-098		
METHOD OF PAYMENT (check one)					FEE CALCULATION (continued)					
1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number					DDITION E Entitly Fee Fee (\$)	•	AL FEES Fee Description		Fee Paid	
					130	,	Surcharge - late filing fee or oath			
Deposit Corning Incorporated					50		Surcharge - late provisional filing fee or cover sheet			
Charge Any Additional Fees Required					130	I	Non-English specification			
Under 37 C.F.R. §§ 1.16 and 1.17 Payment Enclosed:					2,520	1	For filing a request for reexamination			
Check Money Order Other FEE CALCULATION					920*	1	Requesting publication of SIR prior to Examiner action			
1. BASIC FILING FEE Large Entitly					1,840	l	Requesting publication of SIR after Examiner action			
Fee Fee		Description	Fee Paid	1251	110	1	Extension for re	eply within first month		
Code (\$)		•		1252	410	-	Extension for re	eply within second month		
	<u> </u>			1253	930	!	Extension for re	eply within third month		
1001 750		y filing fee	<u>750.00</u>	1254	1,450		Extension for re	eply within fourth month		
1002 330		ign filing fee		1255	1,970		Extension for re	eply within fifth month		
1003 520		t filing fee		1401	320		Notice of Appe	al		
1004 750		sue filing fee		1402	320		Filing a brief in	support of an appeal		
1005 160) Prov	visional filing fee		1403	280		Request for ora	al hearing		
SUBTOTAL (1) (\$)750.00					1,510		Petition to institute a public use proceeding			
2. EXTRA CLAIM FEES Extra Fee from					110		Petition to revive - unavoidable			
	Claims below Fee Paid			1453	1,300		Petition to reviv	n to revive - unintentional		
otal Claims 22 - 20** = 2 x 18 = 36.00				1501	1,300		Utility issue fee	e (or reissue)		
ndependent 2 - 3** = x 84 = 00.00 Claims					470		Design issue fe	ee		
Multiple Dependent 0 = 0.00					630		Plant issue fee			
**or number previously paid, if greater; For Reissues, see below					130		Petitions to the Commissioner			
Large Entity					50		Petitions related to provisional applications			
Fee Fee	•	ription		1806	180		Submission of	Information Disclosure Stmt		
Code (\$) 1202 18	Claims in ex	Claims in excess of 20		8021	40			h patent assignment per ty (times number of properties)		
1201 84	Independen	Independent claims in excess of 3		1809	9 750			ssion after final rejection		
1203 280) Multiple dep	Multiple dependent claim, if not paid					(37 C.F.R. § 1.129(a))			
1204 84		** Reissue independent claims over original patent			750		or each additional invention to be examined (37 C.F.R § 1.129(b))			
1205 18		** Reissue claims in excess of 20 and over original patent			750 900		Request for Continued Examination (RCE) Request for expedited examination of a design application			
	SUBTOTAL	(2)	(\$)36.00	*Rec	luced by E	Basic Fi	ling Fee Paid	SUBTOTAL (3)	(\$)	
SUBMITT						T	Completed ((if applicable)		
Name (Print/Type) Thomas R. Beall					Registrat	tion No	. (Attorney/A	Agent) 40,424		
	7F -7				<i>5</i>					

Date

July 29, 2003

Signature

Dr. Brood